IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Leymaster et al.

Art Unit: 2176

Serial No.: 10/092,101

: Examiner: Quoc A. Tran

Filed: March 6, 2002

:

For: METHODS AND SYSTEMS

FOR GENERATING : DOCUMENTS :

Mail Stop: AF

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is:
Transmittal and Amendment in response to Office Action dated April 3, 2007
(27 pages)

STATUS

2.	Applica Applica	nt
		claims small entity status.
	\bowtie	is other than a small entity.

EXTENSION OF TERM

3.	1.136 apply.									
	(complete (a) or (b), as applicable) (a) Applicant petitions for an extension of time under 37 C.F.R. 1.136 (Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)									
Extension for response within: Other than small entity Fee entity Fee (if applicable)										
		\boxtimes	first month	\$	120.00	\$ 60.00				
			second month	\$	450.00	\$ 225.00				
			third month	\$	1,020.00	\$ 510.00				
fourth month					1,590.00	\$ 795.00				
			fifth month	\$	2,160.00	\$1,080.00				
					Fee Due	\$ 120.00				
					-					
If an additional extension of time is required, please consider this a petition therefor. (Check and complete the next item, if applicable)										
An extension of months has already been secured. The fee paid therefor \$ is deducted from the total fee due for the total months of extension now requested.										
Extension fee due with this request \$ 120.00										
	OR (b) Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.									

FEE FOR CLAIMS

4.	The fee	for cla	ims (37 (C.F.R. 1.16(b)-(d)) has b	peen calculated as s	hown	below:
	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT			(Col. 2)	(CoI. 3)	SMALL ENTITY		SMALL ENTITY
				HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL. RATE FEE	OR	ADDITIONAL RATE FEE
TOTAL			MINUS		=	x \$25.00 = \$		x \$50.00 = \$
INDEP.			MINUS		=	x \$100.00 = \$		x \$200.00 = \$
	FIRST	PRESEN	TATION OF	MULTIPLE DEP. (CLAIM	+ \$180.00 = \$		+ \$360.00 = \$
						TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$
	(a)	\boxtimes	No add	itional fee for		required		
					OR	A		
	(b)		Total a	dditional fee	for claims	required \$		
				FEH	E PAYME	NT		
5.		Attach	ned is a c	heck in the s	um of \$			
				t Account No this transmit		the sum of <u>\$120.00</u> ed.	<u>).</u>	
				FEE !	DEFICIE	NCY		
6.	\boxtimes	If any 01-23		al extension a	and/or fee i	s required, charge l	Depos	sit Account No.
					AND/OR			
		If any 2384.	addition	al fee for clai	ms is requi	ired, charge Deposi	t Acc	ount No. 01-
7.		Other:						
					Reg ARI One St. I	niel M. Fitzgerald J. No. 38,880 MSTRONG TEASI Metropolitan Squa Louis, MO 63102 /621-5070		